Secretary of State
Professional Licensing Boards Division
237 Coliseum Drive Macon, Georgia 31217-3858 478.207.2440

GEORGIA STATE BOARD OF COSMETOLOGY Continuing Education Waiver Request Form

NAME OF LICENSEE:
NAME ON LICENSE (If different from above):
LICENSE NUMBERORIGINAL DATE ISSUED:
am requesting a waiver from the continuing education requirements required for license renewal by O.C.G.A. § 43-10-10(j) based on the following:
Please check one:
1. I have held a license for 25 years or more and have enclosed documentation of this fact (if 25 years is based on years licensed in another state/country, please attach documentation of years of licensure from that state/country). I am experiencing a hardship based on the following: *
2. Age* (Please attach documentation of your age such as a copy of your driver's icense, birth certificate, passport, etc.);
3. Permanent Disability *(Please provide a copy of the SSI and/or SSDI, DD214
award letters. 4. Temporary Disability/Illness (medical or otherwise) * (Please attach a
etter from your treating physician or treating professional describing and confirming your disability);
4. Illness* (Please attach a letter from your treating physician that states your
illness);
5. Other circumstances* (Please include a description of your hardship and attach any supporting documentation.)
In compliance with O.C.G.A. § 43-10-10(j)(2), I hereby swear or affirm that the facts supporting myrequest for a hardship exemption indicated above, and any supporting documentation, is true and accurate. I also acknowledge that granting of this hardship request is determined by the Board on a case-by-case basis in accordance with any applicable rules.
NAME OF LICENSEE
Sworn to and subscribed before me this day of, 20
NOTARY PUBLIC My commission expires, 20
FOR BOARD USE ONLY Date Received Date Reviewed
Date ReviewedDate Reviewed
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